

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)			
10/511604	APPLICANT(S)		
FILED DATE			
CLAIMS			
AS FILED	IND. DEP.	IND. DEP.	IND. DEP.
AFTER IN AMENDMENT	IND. DEP.	IND. DEP.	IND. DEP.
AFTER IN AMENDMENT	IND. DEP.	IND. DEP.	IND. DEP.
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TOTAL IND.			
TOTAL DEF.			
TOTAL CLAIMS			